

**NEW INFORMATION**  
**About Applying for U.S. Social Security Benefits**

Social Security Administration (SSA) no longer requires a pen-and-ink signature when processing application for benefits. SSA will simply confirm your intent to file, that the information you provided – under penalty of perjury – is correct, and the Claims Examiner's annotation in SSA records constitutes a signed application already.

This new procedure is called the **Signature Proxy**. SSA is now using this procedure to shorten the timeframe of processing your claim.

To do this, SSA-Manila has created a modified Social Security Claims Questionnaire. Any individual who wish to find out their eligibility and/or who wish to apply for benefits should complete this form and send it to SSA-Manila either by mail OR by fax.

**Answer the questions in this form as complete as possible and to the best of your knowledge. Do NOT call SSA-Manila if you do not understand any item/s; instead, simply leave it blank or put a question mark or write a note at the Remarks portion, and then forward the questionnaire to SSA-Manila. For those items you do not understand, they can be clarified once the Claims Representative from SSA-Manila contacts you.**

If you choose to mail the form, use the following address:

**Social Security Administration Division**  
**Department of Veterans Affairs**  
**U.S. Embassy Building**  
**1131 Roxas Blvd., Ermita**  
**0930 Manila, Philippines**

OR, if you choose to fax it, use any of the following fax numbers:

**(632) 523-1351 OR (632) 522-1514**

Once SSA-Manila receives your completed questionnaire, the Claims Representative handling your case will first determine your eligibility for benefits. If you are not eligible, you will receive a notice of disallowance or a denial letter explaining why you do not qualify for benefits. If you are eligible, the Claims Representative will contact you to conduct a tele-claim and the information you provided in the questionnaire will eventually be stored electronically in SSA records.

All further instructions and required information to complete your application for Social Security benefits will be provided to you by the Social Security Claims Representative when they contact you. While waiting, however, it is advisable that you prepare the basic proofs that SSA requires. They are your proofs of age, citizenship, and identity (i.e. usually the birth certificate and passport). Other proofs (such as marriage certificate, divorce certificate, death certificate, proof of pension, proof of US military service, etcetera) may be required on a case-to-case basis. The Claims Representative will advise you about all these requirements and more after your questionnaire has been reviewed.

## **MODIFIED SOCIAL SECURITY CLAIMS QUESTIONNAIRE**

**Important:** The information that you will provide below will be used to process your claim for Social Security benefits. Once we have determined your eligibility, we will call you and we will electronically store the information you provided. You should be aware that you can be held legally responsible for giving us false information.

### **PART I**

Name of the Worker: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City & Country of Birth: \_\_\_\_\_

Type of Benefit you would like to apply for (*Please check*):

<input type="checkbox"/> Retirement	<input type="checkbox"/> Disability	<input type="checkbox"/> Child
<input type="checkbox"/> Spouse	<input type="checkbox"/> Divorced Spouse	<input type="checkbox"/> Disabled Adult Child
<input type="checkbox"/> Widow/er	<input type="checkbox"/> Divorced Widow/er	<input type="checkbox"/> Lump Sum Death Payment
<input type="checkbox"/> Mother/Father's	<input type="checkbox"/> Medicare ONLY	
<input type="checkbox"/> Other (please specify): _____		

If you are not the worker, what is your name, Social Security Number, citizenship, date & place of birth?

Name : \_\_\_\_\_  
Social Security Number : \_\_\_\_\_  
Citizenship : \_\_\_\_\_  
Date & Place of Birth : \_\_\_\_\_

1. Do you have a birth certificate or religious record of your birth? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Do you have any unsatisfied felony warrant(s)? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Do you have any unsatisfied federal/state warrant(s) for violation of probation or parole? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Have you been married? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Are you currently married? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Do you have a minor child (i.e. natural, adopted in the US, stepchild) below 18 years old OR a disabled child (age 18 or over and disability began before age 22)? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Do you have work this year, last year, & the year before last? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Are you totally disabled or unable to work due to a disability? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Have you previously applied for U.S. Social Security benefits? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Did you have active US military service? Yes \_\_\_\_\_ No \_\_\_\_\_
11. Are you receiving any military or civilian federal agency benefits? Yes \_\_\_\_\_ No \_\_\_\_\_
12. Did you work in the U.S. railroad industry for 5 years or more? Yes \_\_\_\_\_ No \_\_\_\_\_
13. Are you receiving benefits from the U.S. Railroad Retirement Board? Yes \_\_\_\_\_ No \_\_\_\_\_
14. Did you pay Social Security taxes in other countries? Yes \_\_\_\_\_ No \_\_\_\_\_

15. Were you a civilian employee of the US federal government in January 1983 and onwards?  
Yes \_\_\_\_\_ No \_\_\_\_\_
16. Were you a Japanese internee?  
Yes \_\_\_\_\_ No \_\_\_\_\_
17. Are you currently receiving, or do you expect to receive, any pension besides Social Security?  
Yes \_\_\_\_\_ No \_\_\_\_\_
18. If you are 65 years old or over, would you like to file for Medicare Part B? Yes \_\_\_\_\_ No \_\_\_\_\_

When do you want to start receiving benefits? (Choose one.)

- \_\_\_\_\_ On the earliest possible month that will be the most advantageous
- \_\_\_\_\_ On the earliest possible month that will be the most advantageous providing there will be no permanent reduction in my monthly benefit
- \_\_\_\_\_ On (specify month & year) \_\_\_\_\_ regardless of whether a higher initial payment or a higher continuing monthly benefit amount may be possible

When SSA formally determines that you are entitled to benefits, please provide your bank account information/details where you would like your benefits to be sent:

Name of Financial Institution: \_\_\_\_\_

Address of Financial Institution: \_\_\_\_\_

BSB Number/Bank Code/Branch Code  
or Bank's Routing & Transit Number: \_\_\_\_\_

Depositor's Account Number: \_\_\_\_\_

## PART II

**If you answered "Yes" to some of the questions in Part I, please provide more details by completing the items below. If the items do not apply, simply write "N/A" or "Not Applicable".**

If you are (or have been) married, please provide the following marriage information:

	Current (or last) marriage	Previous marriage
Name of Spouse	_____	_____
Date of Marriage	_____	_____
Place of Marriage	_____	_____
Birthdate/Age	_____	_____
Social Security Number	_____	_____
Citizenship	_____	_____
End of Marriage Date & Place	_____	_____
Reason: Divorce or Death?	_____	_____

If you have a minor child (i.e. natural, adopted in the US, stepchild) below 18 years old OR a disabled child (age 18 or over and disability began before age 22), please provide the ff. info:

Name of Child/ren	_____	_____
Date of Birth	_____	_____
Place of Birth	_____	_____
Citizenship	_____	_____
Social Security Number	_____	_____

If you have work/earnings this year, last year, & the year before last, please provide the ff. info:

Name of Employer	_____	_____
Address of Employer	_____	_____
Month & Year Work Began	_____	_____
Month & Year Work Ended	_____	_____

Are you a corporate officer? Yes \_\_\_\_\_ No \_\_\_\_\_

Can we contact your employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you self-employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are self-employed, were your earnings more than \$400? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are totally disabled, when did you become unable to work due to your disability? (Please provide exact date using the mm/dd/yyyy format.) \_\_\_\_\_

What is your disability? \_\_\_\_\_

If you did have active US military service, please provide the following information:

Branch of Service: Army \_\_\_\_\_ Air Force \_\_\_\_\_ Navy \_\_\_\_\_ Other (specify) \_\_\_\_\_

Date of Entry: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_ Rank \_\_\_\_\_

Do you have a DD-214? Yes \_\_\_\_\_ No \_\_\_\_\_ Service Number: \_\_\_\_\_

If you paid Social Security taxes in other countries, which country? \_\_\_\_\_

If you are receiving (or you expect to receive) any other pension besides Social Security, give the following information:

Agency providing such pension : \_\_\_\_\_

Amount of pension per month : \_\_\_\_\_

Starting (or expected) date of receipt : \_\_\_\_\_

### PART III

#### Contact information and remarks:

Your mailing/residence address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your telephone number: \_\_\_\_\_

Your fax number: \_\_\_\_\_

Your email address: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

**Note:** Once this form is received and reviewed, you will be contacted by a SSA-Manila Claims Representative for further instructions to complete your application.

Social Security Administration's Website: [www.ssa.gov](http://www.ssa.gov)

*Note: The following is Social Security Administration info on proofs Please read through the list as a guide of what documents you need to find/obtain. You DO NOT have to mail/fax the listing of proof along with the questionnaire. You should mail the copies that have been certified by the consulate AFTER you get your forms filled out ready to be sent to Social Security.*

## **SOCIAL SECURITY ADMINISTRATION**

### **LISTING OF PROOFS**

The actual document obtained as evidence should be submitted. A photocopy of a document **IS NOT** acceptable **UNLESS** it is certified by the custodian of the record or is accompanied by the original document from which the photocopy was made. There are many documents which can be used as proof. We have special forms to aid you in obtaining many of them. If you have **ANY** difficulty obtaining the proofs you need, please get in touch with us immediately so that we can help you.

The Type of Proof Needed in Your Case is Checked Below:

#### **1. PROOF OF AGE**

(a) The best evidence, if you have or can obtain it, is either:

- A birth certificate or hospital birth record established during the first few years of life and certified by the custodian of the record, or
- A religious record of birth which shows date of birth and was established during the first few years of life. If you do not have one of these records in your possession, try to obtain one. Churches usually do not destroy their records. If there was a record of your date of birth made when you were an infant or a child it is probably still on file at the church.

We have a complete list of addresses and fees for public birth records in the U.S. and in many foreign countries. Call us to find out where to write and how much to send to obtain your birth record.

(b) If you cannot get one of the documents listed under (a), furnish whatever proof you can. Try to obtain a record established early in life —old records are generally the best records. Additional evidence of age may be requested if the document which you submit is not sufficient. We will help you if you are having difficulty finding the proof you need. Records which might be available are:

- A school record.
- A religious record showing date of birth or age.
- A State or Federal census record (established near your birth).
- A statement signed by the physician or midwife who was in attendance at the birth, as to the date of birth shown on his records.
- A Bible or other family record. (Do not remove the page; we must examine the publication.)
- An insurance policy which shows age or date of birth.
- A marriage record showing age or date of birth.
- A passport.
- An employment record showing age or date of birth.
- A military record.
- A delayed birth certificate.
- A child's birth certificate which shows age of parent.

***(PROOF OF AGE continued)***

- Some other record Which shows age or date of birth, for example, hospital treatment record, labor union or fraternal record, permits, licenses, voting or registration records, or poll tax receipts.

Records which might be available to those born in foreign countries are those listed above plus the following:

- A foreign passport.
- An immigration record established upon arrival in the U.S. (We can provide information and an application form which will help you in obtaining this record.)
- A naturalization record (citizenship paper.)
- An alien registration card.

**2. PROOF OF MARRIAGE: Any of the following is acceptable.**

(a) The original certificate of marriage.

(b) The certified copy of or the statement as to church or synagogue record of marriage.

(ci A certified copy of the public record of marriage.

Public record of a U.S. marriage may be obtained from the clerk of the court in the city or county where the marriage license was obtained, or the Bureau of Vital Statistics of the State in which you were married.

**3. PROOFOF DEATH:**

Certificate of death.

If the person died outside the United States submit whatever proof you have.

**4. PROOF OF COURT APPOINTMENT AS LEGAL REPRESENTATIVE:**

If you are the legally appointed guardian, conservator, administrator, etc., of the estate or of the person for whom you are filing an application, submit a certified copy of your court papers of appointment. If they are more than 1 year old, you should have the clerk of the court certify that they are still in full force and effect.

**5. PROOF OF DEPENDENCY:**

Complete and return the enclosed "Certificate of Support" or "Statement Regarding Contributions."

**6. PROOF OF MILITARY SERVICE:**

Proof is necessary for service from September 16, 1940 (or September 8, 1939 if you have any railroad service) through December 31, 1967. Service after 1967 is already in our records.

## **PROOF OF MILITARY SERVICE (continued)**

**If available, submit the original or a certified copy of:**

- (a) Certificate of discharge, or**
- (b) Certificate of service, or**
- Report of separation.**

**The certificate should show the date of entry into active service, the date of separation, and the character of separation. (For service in the period 1957 through 1967, proof of the character of separation is not necessary.) If the veteran had more than one period of service submit the certificate or report for each period. Where proof is not readily available, furnish the branch of the veteran's service, the rate or rank, the serial number, and the dates of the active service.**

## **7. PROOF OF EARNINGS:**

- (a) Self-employment income for the year(s).**

**Furnish your copy of the document(s) checked below. (Since we must usually keep these for our files, you may want to make a copy to keep before bringing them to us.)**

**Form 1040 —U.S. Individual Income Tax Return E Schedule "C" Form 1040 —Profit (or Loss) From Business or Profession.**

**Schedule "F" Form 1040 —Schedule of Farm Income and Expenses.**

**Schedule "SE" Form 1040 —Computation of Social Security Self-Employment Tax.**

- (b) Evidence that the self-employment tax return was filed. (This evidence will be returned to you.)**

**The evidence can be a canceled check, a money order receipt, a receipt for payment issued by the District Director of Internal Revenue, a cashier's check receipt or other similar evidence. If you filed a Declaration of Estimated Income Tax and paid the tax in quarterly payments, submit the check or receipt showing your final payment or the latest check or receipt which you have available.**

- (c) Wages for the year(s)**

**Form W-2, Withholding Tax Statement**

**Form W-2c, Statement of Corrected Income and Tax Amounts.**

**Employer prepared wage statement in lieu of Forms W-2 or W-2c.**

**If you have more than one employer, a form from each is required. (This evidence will be returned to you.) If the above evidence is not available, contact us for further instructions.**

## **8. OTHER PROOFS**